

PART B - FEE(S) TRANSMITTAL

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10500 7590 06/19/2009
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<i>Jacob H. Courtney</i>	(Depositor's name)
<i>Peter L. Olson</i>	(Signature)
0-14-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/976,910	03/16/2007	Marc Peuker	59987US094	7395

TITLE OF INVENTION: DEVICE FOR STORING AND DISPENSING A FLOWABLE SUBSTANCE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PRVY. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$6	\$1810	09/21/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
ACKLIN, JACOB K	3728	205-229069

1. Change of correspondence address; or indication of "Fee Address" (37 CFR 1.263).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" indication form PTO/SB/17, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Peter L. Olson

2.....
3.....

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

3M Innovative Properties Company, St. Paul, Minnesota USA

Please check the appropriate assignee category or categories (will not be printed on the patent). Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

4b. Payment of fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee

A check is enclosed.

Publication Fee (No small entity discount permitted)

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10000000000000000000. Enclose an extra copy of this form.

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 4, 2009

Typed or printed name Peter L. Olson

Registration No. AS, 302

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